PARADEMENT TRADEMENT

Name (Print/Type) John D. Reed

PTO/SB/17 (12-04)

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Effective on 12			Complete if Known				
ees pursuant to the Consolidated App			Application Number	10/666,915			
FEE TRAN	12N	MIIAL	Filing Date	September 18, 2003 Rajendra Mehta et al. Lawrence D. Ferguson			
For FY	200	5	First Named Inventor				
7 A - 15 4 - 1-1 11	4-4 . 0		Examiner Name				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1774			
TAL AMOUNT OF PAYMENT	(\$)	320.00	Attorney Docket No.	STD 1184 PA/41213.541			

					1071		10.011					
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: Deposit Account Name:												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments												
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card												
Information and authorization on PTO-2038.												
FEE CALCULATION												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES												
			SEARC			EXAMINATION FEES						
Application '	Type Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (<u>\$)</u>				
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65		_				
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CL	AIM FEES	100	•	U	Ū	U	Smal	II Entity				
Fee Description							Fee (\$) Fe	эө (\$)				
Each claim over	50	25										
Each independe Multiple depend		100 180										
Total Claims	Extra Clain	rs Fee (\$)	Fee Pai	d (\$)	Multiple D	ependent Claims		100				
	or HP= 4	x 50	= 200.0		Fee (\$)	Fee Pal	_					
HP = highest num Indep. Claims	ber of total claims paid for Extra Claim			4 (A)								
	r HP =: 0	<u>rs Fee (\$)</u> x 200	<u>Fee Pale</u> = 0.00									
HP = highest num	per of independent claims		than 3	<u></u>								
3. APPLICATION												
If the specific	ation and drawings	exceed 100 sh	eets of paper	the applica	tion size fee	due is \$250 (\$	125 for small e	entity)				
Total Sheet	Iditional 50 sheets of Extra She		eof. See 35 ber of each a					J (#\				
- Total Onco	100 =	/ 50 =		ound up to a v			ree raid	1 (क)				
4. OTHER FEE(S)								id (\$)				
		130 fee (no sm	all entity disc	count)			1003 4	10 101				
Non-English Specification, \$130 fee (no small entity discount) Other: One month extension of time								00				
UBMITTED BY	- White		Pen	istration No		- - 						
ignature	AMIN'S CO		(Atto	istration No. oracy/Agent)	46,506	Telephone	(937) 449-640	10				

Date January 24, 2006 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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